

**EASTERN SERVICE AREA AUTHORITY
Travel Expense Voucher**

Please enter full name and mailing address:

Name: _____

Address: _____

City/State/Zip _____

Month/Year _____

Send to: LIFTT

1201 Grand Avenue Suite #1

Billings, MT 59102

PLEASE COMPLETE THE TRAVEL EXPENSE VOUCHER AS FOLLOWS:

Fill in name and address section above to receive reimbursement.

Fill in one line for travel *TO* the meeting; enter the mileage one way; calculate mileage expense by multiplying miles by the reimbursement rate.

Fill in a separate line for *RETURN* travel; enter the mileage one way; calculate mileage expense by multiplying miles by the reimbursement rate.

Fill in lodging and meal expense if any, calculate TOTAL expense and enter.

SIGN AND DATE AT BOTTOM OF FORM

DATE	Travel Points (from/to)	Number of Miles	X \$.56 per mile	Lodging (\$77.00+tax)	Morning Meal (\$5.00)	Midday Meal (\$6.00)	Evening Meal (\$12.00)	Misc.

I hereby certify that this is a valid travel claim to the Eastern Service Area Authority (ESAA) expense fund in accordance with policies and procedures.

Combined Total Expenses: _____

Signature

Approved:

Date

Brent Morris, Treasurer